



Annual Report of Operations for Year 2020

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:

WAG - 130023

Facility & Owner Information

Facility Name:

House of Salmon

Operator Name (Permittee):

Lower Elwha Klallam Tribe

Address:

700 Stratton Road
Port Angeles WA 98363

Email:

john.mahan@elwha.org

Phone:

360-565-7270

Owner Name (if different from operator):

Email:

Phone:

Best Management Practices (BMP) Plan

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.

The QA portion that was included in the BMP as a subsection was removed and is now a stand alone document. The BMP was modified to include details on Structural Maintenance, Training Requirements and Operational Requirements.

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Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **34,359**
Pounds of food fed to fish during the maximum month:
6071.68

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

| Species | Fish Produced | Receiving Water(s) to which Fish were Released | Month Released/Spawned |
|-----------|---------------|--|------------------------|
| Chum | 124.2 lbs | Elwha River | April |
| Steelhead | 10,506 lbs | Elwha River | April |
| Coho | 23,728 lbs | Elwha River | April |
| | | | |
| | | | |
| | | | |
| | | | |

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

| Month | Total Fish (lbs) | Fish Feed (lbs) | Month | Total Fish (lbs) | Fish Feed (lbs) |
|----------|------------------|-----------------|-----------|------------------|-----------------|
| January | 23,913.8 | 2,887.9 | July | 7,522.8 | 1,210.9 |
| February | 26,481.8 | 3,923.6 | August | 10,881.4 | 1,540.6 |
| March | 34,869.9 | 6,071.7 | September | 13,998.8 | 1,797.9 |
| April | 37,584.9 | 1,956.5 | October | 16,914.1 | 3,138.3 |
| May | 4,189.1 | 1,016.6 | November | 19,462.9 | 2,875.7 |
| June | 5,301.6 | 1,384.3 | December | 23,306.3 | 3,409.3 |

Additional Comments:

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Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

| Type of Solid Disposed | Date Disposed | Location Disposed |
|------------------------|---------------|-------------------|
| | | |
| | | |
| | | |
| | | |

Additional Comments:
Routine fish mortalities were disposed of daily in municipal waste.

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

| Date | Cause of Deaths | Steps Taken to Correct Problem | Pounds of Fish |
|------|-----------------|--------------------------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

Additional Comments:
No mass mortalities occurred.

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Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

No non compliance events occurred.

Inspections & Repairs for Production & Wastewater Treatment Systems

| Date Inspected | Date Repaired | Description of System Inspected and/or Repaired |
|----------------|---------------|---|
| Daily | | The facility is inspected daily |
| | | |
| | | |
| | | |
| | | |
| | | |

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Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.

Describe the use of each drug/chemical in more detail on the following pages.

| Used in the past year? | Drug or Chemical |
|--|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Azithromycin |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Chloramine-T: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Chlorine |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Draxxin |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Erythromycin - injectable |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Erythromycin - medicated feed |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Florfenicol (Aquaflor) |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Herbicide - describe: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Hormone - describe: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i> |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Iodine: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Oxytetracycline |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Potassium Permanganate: <i>See additional reporting requirements on page 7</i> |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Romet |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | SLICE (emamectin benzoate) |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Sodium Chloride - salt |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Vibrio vaccine |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: |

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Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

| | | | |
|---|---|---|--|
| Brand Name: Ovadine (iodophor) | | Generic Name: | |
| Reason for use: required egg disinfection | | | |
| <input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed | Total quantity of formulated product per treatment (specify units): 75 ml | Total quantity of formulated product used in past year (specify units): 4.3 gallons | |
| Date(s) of treatment: See ovadine treatment dates attached | | | Total number of treatments in past year: 217 |
| Maximum daily volume of treated water: 91 gallons | Treatment concentration (specify units): 75 ppm | Duration and frequency of treatment(s): 1 hour once | |
| Method of application: | <input checked="" type="checkbox"/> Static Bath <input type="checkbox"/> Flow-through | <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe): | |
| Location in facility chemical was used (check all that apply): | <input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building | <input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin | <input type="checkbox"/> Other (describe): |
| Where did water treated with this chemical go? (check all that apply): | <input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin | <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works | <input type="checkbox"/> Other (describe): |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: | | | |
| | | | |
| Brand Name: Salt | | Generic Name: | |
| Reason for use: bacterial pathogen, assist in osmoregulation | | | |
| <input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed | Total quantity of formulated product per treatment: 1,200 lbs | Total quantity of formulated product used in past year (specify units): 111,225 | |
| Date(s) of treatment: See salt treatment dates attached | | | Total number of treatments in past year: 20 |
| Maximum daily volume of treated water: 2,325,600 gallons | Treatment concentration (specify units): .103 pounds/gpm | Duration and frequency of treatment(s): 12 hours daily as needed (9 treatments) | |
| Method of application: | <input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through | <input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe): | |
| Location in facility chemical was used (check all that apply): | <input checked="" type="checkbox"/> Raceways <input type="checkbox"/> Incubation building | <input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin | <input type="checkbox"/> Other (describe): |
| Where did water treated with this chemical go? (check all that apply): | <input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin | <input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works | <input type="checkbox"/> Other (describe): |
| Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: | | | |

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Aquaculture Drugs and Chemicals (cont'd)

Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

| Static Bath Treatments <i>Fodine</i> | | |
|--|---|----------------------|
| Tank Volume | 344.4 | Liters |
| Desired Static Bath Treatment Concentration | 75 ppm | µg/L |
| Volume of Product Needed | 2.625 | Liters Product |
| Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient | Solution: 1.09 ppm Active Ingredient: .109 ppm | Specify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | 5,342,400 gallons/day | Specify Units |
| Maximum % of Facility Discharge Treated | .404 | % of Total Discharge |

| Flow-Through Treatments <i>Salt</i> | | |
|--|---|----------------------|
| Tank Volume | 639,881 | Liters |
| Calculated Flow Rate | 12,225.6 | Liters/Minute |
| Duration of Treatment | 720 | Minutes |
| Desired Flow-Through Treatment Concentration of Product | .1 lb per gpm | µg/L |
| Amount of Product to Add Initially | 1,200 lb. | Liters Product |
| Amount of Product to Add During Treatment | 0 | mL/Minute |
| Total Volume of Product Needed | 1,200 | Liters Product |
| Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient | Solution: Active Ingredient: .000143 lb./gpm | Specify Units |
| Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day | 8,395,200 gallons | Specify Units |
| Maximum % of Facility Discharge Treated | 28 | % of Total Discharge |

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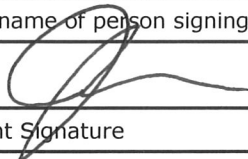
Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

No changes

Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

| | |
|---|------------------|
| John Mahon | Hatchery Manager |
| Printed name of person signing | Title |
|  | 1-19-21 |
| Applicant Signature | Date Signed |

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191
Washington Hatchery Annual Report
1200 Sixth Avenue, Suite 900
Seattle, WA 98101-3140

2020

Iodophor use dates

steelhead

4/22/2020

4/29/2020

4/30/2020

5/6/2020

5/12/2020

5/13/2020

5/18/2020

5/26/2020

5/28/2020

5/29/2020

6/2/2020

6/4/2020

6/5/2020

6/8/2020

6/10/2020

6/17/2020

coho

11/4/2020

11/10/2020

11/18/2020

11/24/2020

12/2/2020

chum

11/4/2020

11/6/2020

11/10/2020

11/16/2020

11/24/2020

2020 Salt

| Date | bags | weight (lbs) | cumulative (lbs) | units |
|------------|------|--------------|------------------|--------|
| 6/11/2020 | 20 | 1,000 | 1,000 | Pond 2 |
| 6/12/2020 | 20 | 1,000 | 2,000 | Pond 2 |
| 6/16/2020 | 20 | 1,000 | 3,000 | Pond 2 |
| 6/17/2020 | 20 | 1,000 | 4,000 | Pond 2 |
| 6/18/2020 | 20 | 1,000 | 5,000 | Pond 2 |
| 6/23/2020 | 24 | 1,200 | 6,200 | Pond 2 |
| 6/24/2020 | 24 | 1,200 | 7,400 | Pond 2 |
| 6/30/2020 | 24 | 1,200 | 8,600 | Pond 2 |
| 7/7/2020 | 22 | 1,100 | 9,700 | Pond 2 |
| 10/7/2020 | 1 | 25 | 9,725 | T10 |
| 11/12/2020 | 6 | 300 | 10,025 | RW 2,3 |
| 11/13/2020 | 6 | 300 | 10,325 | RW 2,3 |
| 11/14/2020 | 6 | 300 | 10,625 | RW 2,3 |
| 11/15/2020 | 6 | 300 | 10,925 | RW 2,3 |
| 11/16/2020 | 6 | 300 | 11,225 | RW 2,3 |

2020 iodophor max concentration updated 1/11/21

| Number Spawn Days | | Number of Incs Green Eggs | |
|-------------------|-----------------|--|--|
| Steelhead | 16 | 58 | |
| Coho | 5 | 146 | |
| Chum | 5 | 13 | 3.785 |
| Total | 26 | 217 | |
| | | ml iodophore/inc | 75 |
| | | total iodophor | 16275 ml 16.275 L 4.299868 gallons |
| Max discharge | ml iodophor/inc | #incs discharging at once | |
| | 75 | 35 | 2625 ml |
| | | | 634,879.96000000 gallons in the system 0.69352708 gallons iodophore |
| | | 1 to | 915,436.43756191 |
| | | ppm | 1.09237513 |
| | | 10 % iodine | 0.10923751 max concentration iodine ppm |
| | | Maximum % of discharge treated | |
| | | 15 gpm treated incubation water | |
| | | 3,710 gpm facility flow | |
| | | 5,342,400 gallon/day facility flow | |
| | | 0.404312668 Maximum % of discharge treated | |
| | | inc volume | |
| | | 2.6 gallons | |
| | | 91 gallons water treated/ treatment | |
| | | 344.435 liters water treated/treatment | |

2020 Salt

| Date | bags | weight | cumulative | units |
|------------|------|--------|------------|--------|
| 6/11/2020 | 20 | 1,000 | 1,000 | Pond 2 |
| 6/12/2020 | 20 | 1,000 | 2,000 | Pond 2 |
| 6/16/2020 | 20 | 1,000 | 3,000 | Pond 2 |
| 6/17/2020 | 20 | 1,000 | 4,000 | Pond 2 |
| 6/18/2020 | 20 | 1,000 | 5,000 | Pond 2 |
| 6/23/2020 | 24 | 1,200 | 6,200 | Pond 2 |
| 6/24/2020 | 24 | 1,200 | 7,400 | Pond 2 |
| 6/30/2020 | 24 | 1,200 | 8,600 | Pond 2 |
| 7/7/2020 | 22 | 1,100 | 9,700 | Pond 2 |
| 10/7/2020 | 1 | 25 | 9,725 | T10 |
| 11/12/2020 | 6 | 300 | 10,025 | RW 2,3 |
| 11/13/2020 | 6 | 300 | 10,325 | RW 2,3 |
| 11/14/2020 | 6 | 300 | 10,625 | RW 2,3 |
| 11/15/2020 | 6 | 300 | 10,925 | RW 2,3 |
| 11/16/2020 | 6 | 300 | 11,225 | RW 2,3 |

Pond 2

| | | |
|-------------|---------|---------|
| Tank Volume | 169,057 | gallons |
| Flow | 3,230 | gpm |
| Time | 12 | hours |

| | | |
|---------------|------------|-----|
| facility flow | 11,660 | gpm |
| | 16,790,400 | |

| | |
|-----------------------------------|-----------|
| max daily volume of treated water | 4,651,200 |
|-----------------------------------|-----------|

Salt

| | | |
|---|---------------|---------------------|
| Facility flow | 11,660.00 | gpm |
| Facility flow | 16,790,400.00 | gpd |
| Tank Volume L | 639,880.75 | |
| Unit Flow gpm | 3,230.00 | |
| Unit flow L/min | 12,225.55 | |
| Duration Min | 720 | |
| Concentration | 0.102915952 | pound per gpm |
| Amount added initially | 1,200 | pounds |
| Amount during treatment | 0 | ml/minute |
| Total product needed | 1,200 | pounds |
| Max effluent solution | 0.000143 | pounds/gallon water |
| Max daily volume of water treated | 2,325,600.00 | |
| Max effluent active ingredient | 0.000143 | |
| Minimum volume of total discharge | 8,395,200.00 | |
| Maximum % of facility discharge treated | 28% | |